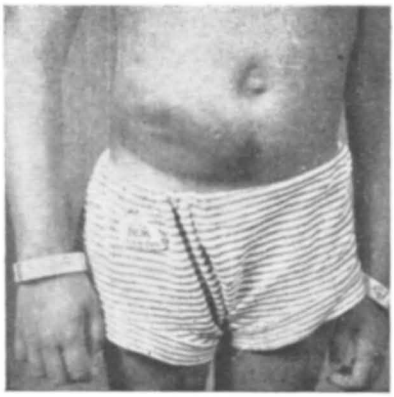
WHAT IS YOUR DIAGNOSIS ?

Seven year old female child was admitted with history of swellings on the right lower abdominal wall and right arm of 2 months' duration. These lesions started as small swellings which progressively increased in size. She developed fever and pain in the lesions 8 days before admission. She was treated with antibiotics and topical applications which did not give any symptomatic relief.

Examination revealed a moderately nourished child who was febrile. Right axillary lymph nodes were enlarged. Local examination revealed a 14 cm × 6 cm sized swelling on the right lower quadrant of the abdomen, and a 10 cm × 5 cm sized swelling on the right arm. These were raised, indurated and mildly erythematous with well defined palpable margins. They were not fixed to the deeper tissues and were tender to palpation. Systemic examination was normal.



Figures

Differential diagnosis :

1. Cellulitis
2. Subcutaneous phycomycosis
3. Erysipelas
4. Erythema nodosum

(P.T.O. for answer)

Final diagnosis : Subcutaneous phycomycosis

Biopsy of the lesion from the right arm revealed a granuloma in the dermis with many phycomycetes of characteristic appearance. Culture from the lesion grew Basidiobolus species within 48 hours.

Patient was started on treatment with 50% solution of potassium iodide in a dosage of 1 ml t.i.d. This was gradually stepped up to a maximum of 8 ml t.i.d. per day. Within 4 days of starting therapy, fever, pain and tenderness subsided. In 2 weeks time, the swellings decreased in size. Patient was sent home on 50% potassium iodide in the dosage of 8 ml t.i.d. She is being followed up in the out patient department and continues to show regression of the lesions.

Subcutaneous phycomycosis commonly present as indurated masses with well defined borders. It has a characteristic histology and the organism can be easily cultured.

Pyrexia and tenderness of the lesions are unusual in this condition.